

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 14 1934

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph (No. _____)

Registration District No. _____
Primary Registration District No. 1001
Mercy Hospital

File No. 23312
Registered No. 819
St. _____ Ward _____

2. FULL NAME Gertrude L. Harkrider

(a) Residence, No. 6014 Pryor Ave. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John H. Harkrider</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 5, 1874</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>4</u>	DAYS <u>13</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) <u>Bolckow</u> (STATE OR COUNTRY) <u>Missouri</u>
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FATHER	13. NAME <u>James Perrine</u>
	14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Unknown</u>

MOTHER	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Unknown</u>

17. INFORMANT <u>Albert Harkrider</u> (ADDRESS) <u>6014 Pryor Ave.</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park Cem.</u> DATE <u>July 20, 1934</u>
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19. UNDERTAKER <u>Fred D. Clark Mortuary</u> (ADDRESS) <u>5025 KING HIGHWAY</u>
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20. FILED <u>7-19-34</u> <u>John R. Bander</u> Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1934

22. I HEREBY CERTIFY That I attended deceased from July 16 1934 to July 18 1934
Last saw him alive on July 18 1934 at 7:45 P. m. Death is said to have occurred on the date stated above, at 7:45 P. m.
The principal cause of death and related causes of importance were as follows:

Acute Cardiac dilation Date of onset _____

1215
955 1216

Other contributory causes of importance:

Acute Appendicitis

1 Name of operation Appendectomy Date of operation July 18, 1934
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) D. J. Jones M. D.
(Address) 20970 Kirkpatrick Rd.

